OBSOLETE
PESTICIDE
INVENTORY
FORM

Completed by:_

Maine Board of Pesticides Control

28 State House Station Augusta, Maine 04333-0028

Tel#: (207)287-2731 Fax#: (207)287-7548

www.thinkfirstspraylast.org

Maine Dept of Environmental Protection

17 State House Station Augusta, Maine 04333-0017 Tel #: (207)287-7688 or 800-452-1942

www.state.me.us/dep/home.htm

FOR OFFICE USE ONLY
ID#:
ZONE:
Date Rec'd:
Date Entered:

Page ___ of ___

NAME and MAILING ADDRESS:			TELEPHONE NUMBER - REQUIRED			
				DAYTIME:		
				EVENING:		
PHYSICAL LOCATION OF PESTICIDES:					t a year round resident, pl phone number(s) of a co	
Pesticide Active Ingredient*	Number of Containers	Weight/Volume of each Container		mate Amoun	Type of Container (i.e., plastic, paper)	Condition of Container
AD	DITIONA	L SPACE ON B	ACK			
* Active ingredients are often listed on the front of the pesticide label. If the pesticide has more than one active ingredient, please list them all. If the active ingredient is not listed, or is unreadable, please describe the product using the brand name, EPA registration number, or any other identifying information you can find on the label.	PLEASE RETURN COMPLETED F TO THE BOARD OF PESTICID CONTROL AT THE ADDRESS SH ABOVE			location. Store containers of liquid in hard		

Date: ____

Pesticide Active Ingredient*	Number of Containers	Weight/Volume of EACH Container	Approximate Amount in EACH Container	Type of Container (i.e., plastic, paper)	Condition of Container